

# ACTIVITY REGISTRATION

## Greenwood Parks and Recreation Department

**\*Incomplete Forms Cannot Be Processed\***

Parent or Guardian:		City Resident?    Yes    No	
		Verification by:	
Address			
City	Zip Code	Home Phone	Work Phone
In case of emergency, contact:		Emergency Contact Phone:	
Email Address			

### PROGRAM INFORMATION

Participant's Name:	Birthday M/D/Y	School Grade	Class Number	Class Title include session & time	Fee
					\$
					\$
					\$

### PAYMENT INFORMATION

Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check	
<i>Make check payable to Greenwood Parks and Recreation</i>	
<b>WAIVER STATEMENT:</b> I hereby release and absolve the City of Greenwood, Department of Recreation and all its employees or agents of same from any claims of damages arising from injury received by the participant involved in this activity whether due to negligent acts or omissions of said parties, other participants or otherwise. No refunds will be given after the class/program begins. The only exception is an injury, which prohibits participation in the class/program. The refund is subject to prorating and must be claimed before the end of the program.	
Signature:  (parent or guardian must sign if under age 18)	Date:



Mail to: Greenwood Parks & Recreation  
100 Surina Way, Greenwood, IN 46143  
317-881-4545  
[www.greenwood.in.gov](http://www.greenwood.in.gov)

